

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) D/A1633 (1508/3671)	
<b>CERTIFICATE OF MAILING</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.  Signature: _____ Name: _____		In re Application of Pol O. Morain and Mathieu Chuat  <hr/> <div style="display: flex; justify-content: space-between;"> <span>Application Number 10/748,050</span> <span>Filed 12/30/2003</span> </div> <hr/> For SYSTEM AND METHOD FOR PROVIDING USAGE METRICS OF DIGITAL CONTENT  <hr/> <div style="display: flex; justify-content: space-between;"> <span>Group Art Unit 2156</span> <span>Examiner Sana A. Al Hashemi</span> </div>	
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="margin-left: 40px;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130) <span style="float: right;">\$ _____</span>  <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490) <span style="float: right;">\$ _____</span>  <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110) <span style="float: right;">\$ <u>1110</u></span>  <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730) <span style="float: right;">\$ _____</span>  <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350) <span style="float: right;">\$ _____</span> </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Applicant claims small entity status.  <input type="checkbox"/> A check to cover the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet.         </div> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <div style="margin-left: 40px;"> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  <input checked="" type="checkbox"/> attorney or agent of record.  <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.         </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> <u>/Gunnar G. Leinberg/</u>              _____              Signature           </div> <div style="text-align: center;"> <u>April 21, 2010</u>              _____              Date           </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> <u>Gunnar G. Leinberg</u>              _____              Typed or printed name           </div> <div style="text-align: center;"> <u>(585) 263-1094</u>              _____              Telephone Number           </div> </div> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>			
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.			

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